

# AGENDA ITEM

19



**Title/Subject:** Home Care Review and Inspection 2018  
**Meeting:** Integration Joint Board  
**Date:** 5 October 2018  
**Submitted By:** Head of Social Work Adult Services  
**Action:** For Decision

## **1. INTRODUCTION**

- 1.1. The purpose of this report is to provide information about the ongoing review of Home Care services and provide feedback on this years inspection report and required improvement action plan.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1. note that the outcome of the Home Care Service review will be reported to a future meeting of the IJB for information and decisions as appropriate
- 2.2. note the Care Inspectorate report and improvement action plan
- 2.3. agree the IJB Clinical and Care Governance Committee will monitor progress with the improvement action plan.

## **3. BACKGROUND**

- 3.1. The Home Care Service review has been in place since October 2017 and was set up to ensure the service continues to meet the outcomes of people who use the services. At the same time there is redesign work to implement the Reablement Pathway, previously agreed by the Leadership Team in October 2017. This work will continue towards a whole service reablement focus and ensuring availability of services to support people with complex and challenging care needs. The service also took on the provision of care for the Discharge to Assess service in May 2018 following the cessation of the contract with an external provider.
- 3.2. There continues to be high demand for home care services and the review continues to focus on achieving the most efficient use of the resources of the in house service.

#### **4. HOME CARE SERVICE REVIEW**

- 4.1. The review group is chaired by the Chief Officer and the priorities for the service have been identified. This has included the requirements identified by the Care Inspectorate following the 2017 inspection report and an improvement action plan has been updated to incorporate the 2018 inspection. This is attached at Appendix 1 for information.
- 4.2. In reviewing the service, the use of data from the real time monitoring system (CM2000) is beginning to provide robust information about the needs of service users. This information enables demand and capacity to be mapped in real time, providing evidence to design the optimal deployment of staff.
- 4.3. Work has progressed not only to realign the CM2000 information to the three locality areas but all staff have now moved into three locality teams. Within the main office staff are now also working within their own localities inclusive of our scheduling staff. The benefits of this are beginning to be highlighted with more forward planning being achieved.
- 4.4. Working with HR colleagues and trade union partners, the service has reviewed current deployment of contractual staff hours and staff roles to optimise the fit between availability and demand for the right support at the right time. Proposals in respect of the changes required have been agreed in principle, subject to discussion with employees.
- 4.5. The service continues to build upon existing work to reduce sickness related absence and is being assisted by the recently appointed HR assistant with a responsibility for sickness absence.
- 4.6. A full round of staff engagement sessions took place in December 2017/January 2018 as part of our engagement plan and in response to feedback from trade union partners. These sessions, led by the Chief Officer, were very well attended and have provided information from staff about their thoughts on how we might make service improvements and this has complemented ongoing communication through team meetings, 1:1 meetings and briefings. Communication back to staff around how we have been progressing with some of their suggestions has been relayed back through these meetings and a series of newsletters. We plan to repeat these engagement sessions with staff in November of this year.
- 4.7. The Board are asked to note that the outcome of the review will be reported to a future meeting of the IJB for information and decisions as appropriate.

#### **5. CARE INSPECTORATE REPORT 2018**

- 5.1. The service is a registered care service with the Care Inspectorate and an annual inspection took place during May 2018, with a [report](#) published in August 2018.
- 5.2. The inspection process took into account a range of evidence, including a self-evaluation, information and intelligence received on performance from 66

questionnaires by people who use the service, conversations with staff, and direct observation of support being provided in peoples' homes. The inspection report noted that no complaints had been upheld since the last inspection. The report also found that no requirements or recommendations made at the last inspection remained outstanding at the time of the current inspection.

- 5.3. The grades awarded to services at inspection describe how well those services are performing against Care Inspectorate quality themes and statements. The grades for the service this year were as follows:
- Care and support 2 – Poor
  - Management and Leadership 2 – Poor
  - Staffing 3 - Adequate
  - Environment - not assessed.
- 5.4. The report recognised that the service was working towards improving the consistency of the service and noted a slight increase in the levels of consistent staffing experienced by people. This slight increase in the levels of consistent staffing notwithstanding, the inspection team found 24 out of the 66 questionnaires returned raised concern about the amount of different staff who were providing their service. The inspection team made a requirement that the service must improve on consistency and reliability in who is giving the care. The findings on consistency and reliability are counterbalanced in the report by positive observations about people's overall experience of care. The inspection team reported that people told them they were happy with the care they received from staff providing their care and support. Overwhelmingly people told the inspection team that staff treated them with dignity and respect. It was noted that staff were said by people to be skilled, kind and caring.
- 5.5. The inspection team made a second requirement that the service must develop and implement internal auditing systems that deliver effective oversight and monitoring of all aspects of the service. This requirement reflected the findings of the inspection team that there was insufficient monitoring of the service. In regards staffing the report made a range of positive observations finding for example that training available for staff was comprehensive and responsive and that there were good links with health colleagues meaning training could be organised where service users had new or complex health conditions. On quality of staffing the report pointed to improvement opportunities regards making some areas of good practice more consistent across the whole service.
- 5.6. The service is required by the Care Inspectorate to provide an action plan which details how the service will improve to meet the 2 requirements set this year by the end of October 2018. This will be overseen by the Homecare Review Group, chaired by the Chief Officer. The actions which are being taken to address the issues raised in the Care Inspectorate's report include:
- improving staff working patterns and rotas to increase staff availability at the times when people want to have service provided
  - redesigning scheduling, better aligning staff resource to localities

- moving towards all staff becoming personal carers, increasing the availability of personal care
  - improving continuity through better use of information from our electronic scheduling system
  - improving communication with service users around changes to their service which may prove necessary.
- 5.7. In all of the above improvement work we are implementing progress through close partnership working with staff and their Trade Unions and with our colleagues in the Care Inspectorate. The improvement action plan has now been submitted. Further updates on progress will be reported to the Homecare Review Group and HSCP Leadership Team.
- 5.8. It is proposed that the IJB Clinical and Care Governance Committee also has a monitoring role to ensure progress with the Care Inspectorate Improvement Plan.

## **6. CONCLUSIONS**

- 6.1. The Home Care Service Review continues to compliment the work being undertaken on this years Care Inspectorate action plan. This work will continue to be taken forward on a basis of co-production with involvement and participation from staff, service users and carers.
- 6.2. The Home Care Service remains committed to working with the Care Inspectorate to build a culture of continuous improvement that will deliver better personal outcomes for people who use our services and our Care Inspector this year has offered to support us with the work that we have to do.

### **Resource Implications**

Resource implications will be considered by the review group and appropriate action taken.

### **Impact on Strategic Plan outcomes and priorities**

The Home Care Service directly supports the Strategic Plan outcomes and priorities.

### **Legal & Risk Implications**

The service is a registered care service with the Care Inspectorate.

### **Consultation**

This was not required for the content of the report.

### **Equalities Assessment**

The contents of this report do not require an EQIA. Any future decisions required will be considered as part of the equalities process and Equality Impact Assessments will be completed.

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Approved for submission by: Patricia Cassidy, Chief Officer

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**Date:** 25 September 2018

**List of Background Papers:**  
Falkirk Council Home Care, Care Inspection Report 17<sup>th</sup> May 2018

## Falkirk Health & Social Partnership: Home Care Improvement Action Plan September 2018

### Care Inspectorate Requirement Number 1: Continuity of Care - Timeline with Key Actions

1.	Develop systems to ensure that the service will be consistent and reliable in who is getting the care including notifying service users in advance of any changes to the staff member or timing of support			
	Actions	Who?	When?	Status
1.1.	We will improve working patterns for staff to increase capacity by addressing the outcomes from our staff engagement sessions in relation to roles and bands of availability to improve when carers are available and reduce variation in consistency.	<b>Lead Officer</b> Service Manager	Agreement reached with TU's in respect of patterns proposed. Aug 2018	<b>Green/ Complete</b>
		<b>Accountable Officer</b> Development Team Manager	We will roll out of new patterns for all staff by end of Dec 2018.	<b>Amber</b>
		<b>Lead Officer</b> Service Manager	Agreement reached in respect of new shift proposals. August 2018.	<b>Green/ Complete</b>
		<b>Accountable Officer</b> Development Team Manager	We will roll out new shift patterns for all staff by end of Dec 2018	<b>Amber</b>
1.2.	We have redesigned our approach to scheduling to a locality basis to better understand the local needs and be more pro active in forward planning.	<b>Lead Officer</b> Service Manager	Scheduling staff moved into locality areas to work with locality teams on 3rd August 2018.	<b>Green/ Complete</b>
		<b>Accountable Officer</b> Team Manager (West Locality)	We will analyse the impact of this move by interrogating our system and speaking with staff and report the findings by the end of November 2018	<b>Amber</b>
1.3.	We are re-designing the rotas in each locality as a result of the changes to working patterns.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Senior Worker(Central Locality)	This work is ongoing, dependant on staff changes to rotas, shifts etc. Target completion March 2019.	<b>Amber</b>

<b>1. Develop systems to ensure that the service will be consistent and reliable in who is getting the care including notifying service users in advance of any changes to the staff member or timing of support</b>				
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
1.4.	We have reviewed our staffing profile and agreed a move towards all staff being personal carers, which will improve the scheduling of staff and increase the availability of personal care across each locality.	<b>Lead Officer</b> Service Manager	Agreed at Leadership group on 22.8.18.	<b>Green/ Complete</b>
		<b>Accountable Officer</b> Team Managers Central and East Locality	Target completion for full staff change March 2019.	<b>Amber</b>
1.5.	We will create a report on our CM2000 system which identifies service user continuity and we will use this to monitor how well we meet our continuity requirements.	<b>Lead Officer</b> Service Manager	Benchmarking report to work with	<b>Green/ Complete</b>
		<b>Accountable Officer</b> Systems and Performance Co-Ordinator	We will review/audit this information quarterly and include it in the suite of management information available to managers on a monthly basis.	<b>Amber</b>
1.6.	Team manager and absence officer will analyse absence issues and engage all staff teams enabling them to understand the impact of absence on consistency of care for service users.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	We will gather the data on absence by the end of October 2018 and have engaged with all the staff by the end of November 2018.	<b>Amber</b>



<b>2. Improve staff attendance at work to enable a reduction in sickness absence.</b>				
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
2.1.	Team manager and absence officer will engage all staff teams to analyse absence issues to enable them to understand the impact of absence on workload and morale within teams.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	In progress, aim to complete by end of November 2018.	<b>Amber</b>
2.2.	Team manager and absence officer will engage all staff teams to analyse the financial and resource impact that absence has on the service.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	In progress, aim to complete by end of November 2018.	<b>Amber</b>
2.3.	At the above meetings the team manager will also re-communicate the service's absence/calling in sick procedures.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	In progress, aim to complete by end of November 2018.	<b>Amber</b>
2.4.	We will audit the return to work reports – to ascertain theme's/patterns etc. to highlight any additional actions we need to take.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	End of October 2018.	<b>Amber</b>
2.5.	We will review our staff retention and turnover figures to identify possible areas for improvement that might assist in retaining staff.	<b>Lead Officer</b> Service Manager <b>Accountable Officer</b> HR Partner	End of October 2018	<b>Amber</b>

<b>2. Improve staff attendance at work to enable a reduction in sickness absence.</b>				
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
2.6.	Through team and management meetings we will monitor and identify where improvements can be made to staff attendance which will improve continuity of carers for service users.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	In progress	<b>Amber</b>
2.7.	The above information will be used with staff to get a better understanding and commitment to improving performance and be better placed to communicate more effectively with service users.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Managers Central, East and West Localities	In progress	<b>Amber</b>

<b>3. Improve our communication with service users when there are changes to their carers or their service.</b>				
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
3.1.	We will establish a service users' forum, potentially across all three localities in order to give service users a more effective voice.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Managers Central, East and West Localities	End of October 2018	<b>Amber</b>
3.2.	Renew our annual service user questionnaire to test if it can improve our understanding of customer experience	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager	End of December 2018	<b>Amber</b>

<b>3. Improve our communication with service users when there are changes to their carers or their service.</b>				
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
3.3.	We will explore innovative approaches to engaging with service users in an authentic and empowering way. e.g. by using regular feedback through outcomes focused planning during service reviews , telephone feedback etc.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Managers (East Locality)	End of March 2019	<b>Amber</b>
3.4.	We will communicate specifically with all our service users about service re-design changes that we are making and reassuring people that we are committed to improve.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Development Team Manager	End of September 2018	<b>Amber</b>
3.5.	We will use the service users' forum to agree the medium for communicating the actions in 3.4.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Managers Central, East and West Localities	Convene in October to get this started	<b>Amber</b>
3.6.	We will move to a position where staff will use their mobile phone to communicate with their service users in relation to times when they are running late or if an alternative carer will be calling instead.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Managers Central, East and West Localities	End of October 2018	<b>Amber</b>

## Falkirk Health & Social Partnership: Home Care Improvement Action Plan September 2018

### Care Inspectorate Requirement Number 2: Internal Auditing Systems - Timeline with Key Actions

<b>4. We will improve management and oversight of key service delivery, processes and risks.</b>				
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
4.1.	Analyse the reporting options information available to us through the CM2000 system to ensure managers have appropriate management/performance information.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager(East Locality) Systems and Performance Co-Ordinator	End of September 2018	<b>Green/ Complete</b>
4.2.	Undertake a staff training needs assessment to identify and meet the service training needs, inclusive of SSSC registration requirements.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Workforce development Manager Training Officer	End of December 2018	<b>Amber</b>
4.3.	Improve customer feedback arrangements by using surveys, feedback and monitoring compliments/complaints.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Managers Central, East and West Localities	End of October 2019	<b>Amber</b>
4.4.	Improve our existing reporting systems for the overview of complaints, accidents and incidents, adult support and protection issues, service review and review of personal outcomes by reviewing trends etc. on a quarterly basis.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Team Manager (East Locality)	End of December 2018	<b>Amber</b>
4.5.	We will audit supervision, practice observations and	<b>Lead Officer</b>	End of October 2018	<b>Amber</b>

4.	<b>We will improve management and oversight of key service delivery, processes and risks.</b>			
	<b>Actions</b>	<b>Who?</b>	<b>When?</b>	<b>Status</b>
	team meeting arrangements/recording as part of a wider performance management approach to inform continuous improvement	Service Manager  <b>Accountable Officer</b> Service Manager		
4.6.	Improve consistency of regular team meetings and staff supervision.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Service Manager	November 2018	<b>Amber</b>
4.7.	Engage staff in service developments and transformation. Series of locality events will be organised in November 2018.	<b>Lead Officer</b> Service Manager  <b>Accountable Officer</b> Service Manager	January 2019	<b>Amber</b>

<b>KEY</b>	
Met Target	<b>Green/ Complete</b>
On Target	<b>Amber</b>
Missed Target	<b>Red</b>

